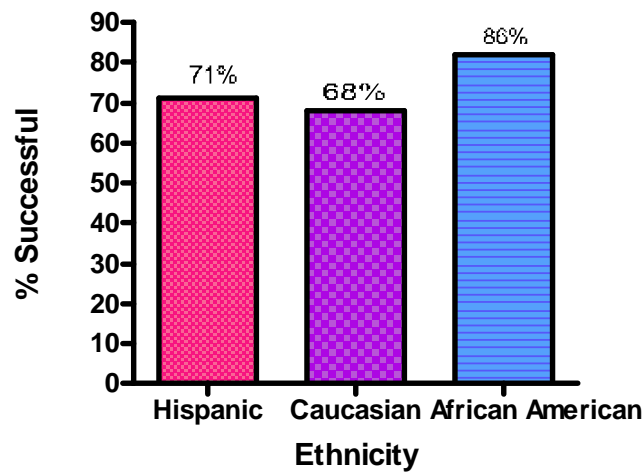


### **YRC Program Outcome by Ethnicity 04/05**

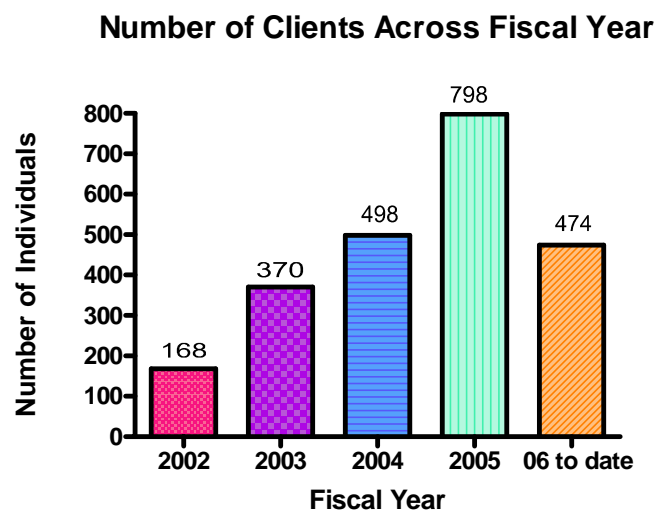


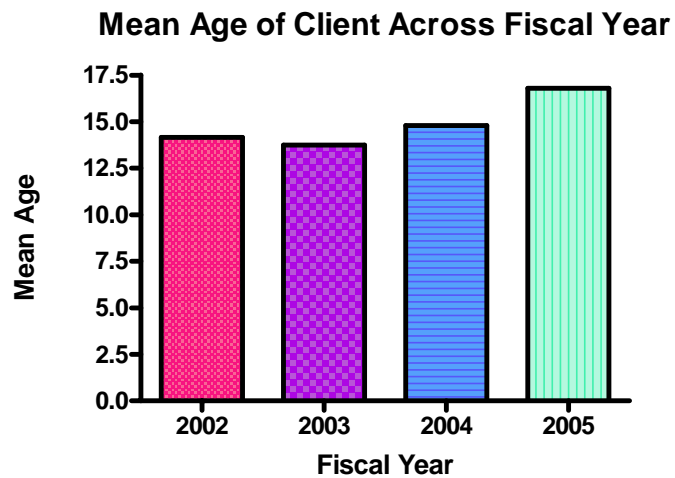
### **Alternative Programming Part 3. Community Mental Health Center (CMHC)**

**BCJDC has undertaken a project that is like no other in the entire nation. In collaboration with Lovelace Salud, Presbyterian, and Cimarron Behavioral Health Organizations, BCJDC has created the Children's Community Mental Health Clinic. The clinic is available to any child or adolescent in Bernalillo County who would benefit from the services provided by a mental health treatment team. The CCMHC service team consists of Psychiatrists, Nurses, Social Workers, Counselors, and Case Managers. The services available through the clinic include evaluation/assessment, group/individual therapy, medication management, substance abuse treatment, case management, and psychological testing.**

**Referrals to CCMHC may be made by the Juvenile Justice System, care providers, parents, or by patient themselves. Evaluations done at CCMHC are for diagnostic and treatment purposes. Treatment plans are established by a multi-disciplinary team to meet the individual needs of each patient.**

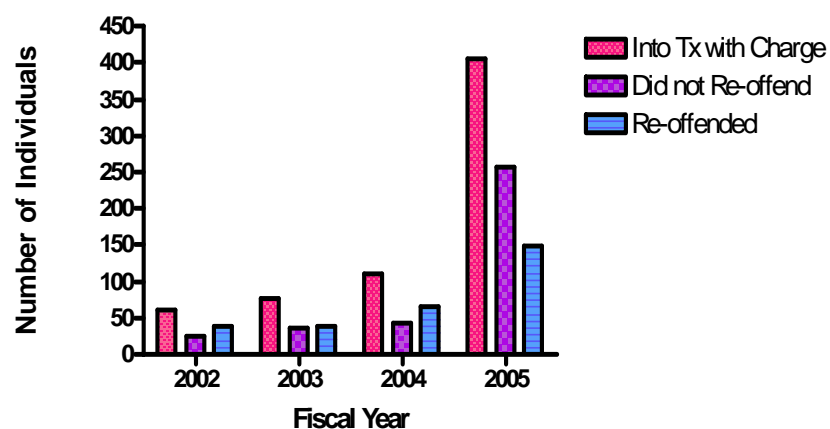
It is widely accepted that a significant number of children entering the juvenile justice system require mental health services, both males and females. Most of these children have never received treatment until they have come into contact with the detention center. Preliminary need assessment results show that because minority females have suffered so many incidences of physical, sexual, and emotional abuse cases of PTSD have risen among these populations. These girls require immediate intervention that is not redundant. Of those females who reported abuse, a significant proportion also reported having been enrolled in 1-3 court programs dealing with drug/alcohol abuse and received some kind of group therapy. Approximately nine out of 10 females who had been enrolled in one of these programs reported that the group session did little to address their immediate needs. Some of the females who had been in Mental Health Treatment Centers (e.g., Hogardes, Mesilla Valley, Center for Psychiatric Health) had not had their medications readjusted, much less assessed, in months, sometimes years. Based on these survey results, and corresponding nationally results, BCJDC is fortunate to have a free standing Mental Health Clinic that can persistently aid in addressing the various needs of our youth who need immediate and extensive intervention before there problems become consistently worse. That should ultimately impact later recidivism rates.



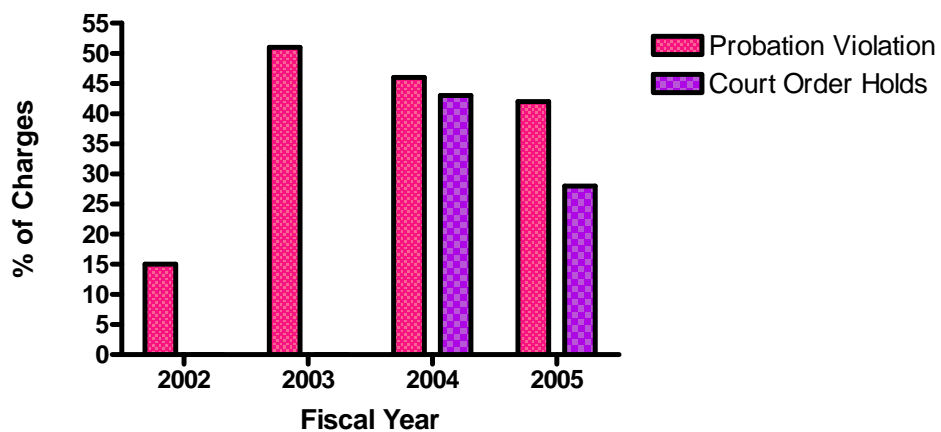


Below you will find that a sample of clients who entered the mental health center with a charge tend not to commit a new offenses after receiving treatment. When clients were brought back to the detention center a significant proportion of this sample was brought back for probation violation (conduct charge) or a court order hold (Holds).

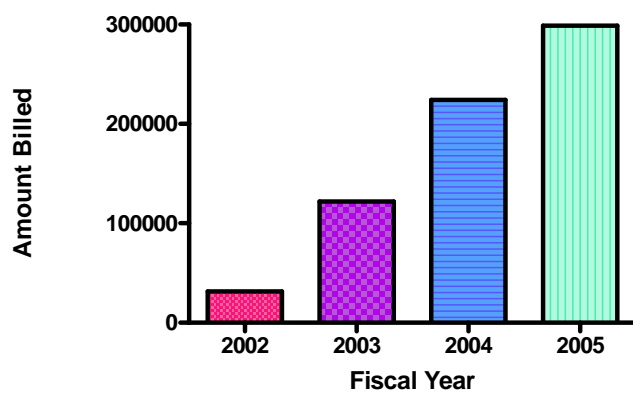
Offense Rate Pre and Post Treatment Across Fiscal Year



Top 2 Re-Offense Charges by Fiscal Year



Mental Health Center Billables by Fiscal Year



**Above, find that the Mental Health Center has been able to increase their billables over the last four fiscal years. Find other cost-related statistics for the Mental Health Center in a later Cost Section.**

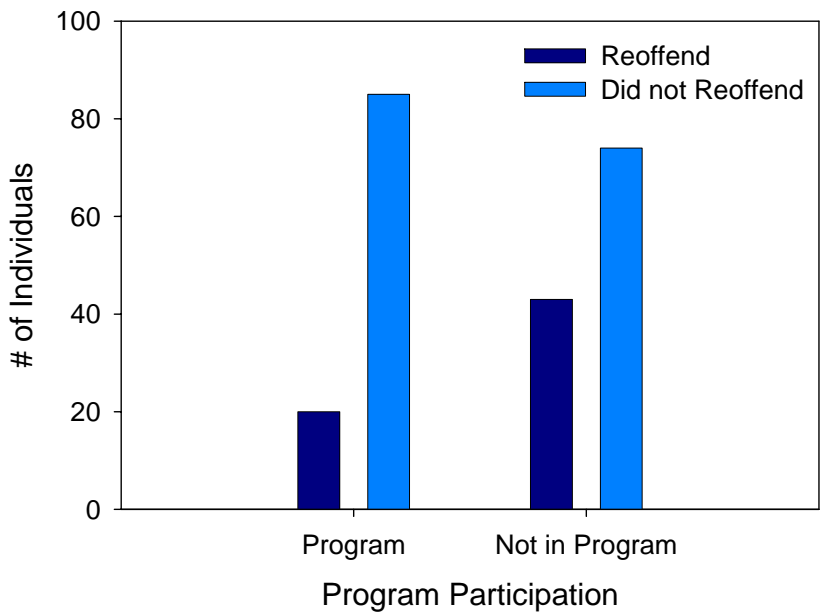
**Alternative Programming  
Part 4. Assisting Youth Using Drugs and Alcohol (AYUDA)**

**Residents who feel that alcohol/drugs are having a negative impact on their lives are welcome to join AYUDA. This program is for residents in detention. It offers counseling services, assessment, relapse prevention and individual Case Management. AYUDA makes appropriate referrals for those who would like to participate in programs upon release.**

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**AYUDA's DWI component exemplifies the way we have used data to show judges that they can feel secure in releasing juvenile DWI offenders' without a significant amount re-offending. We took a sample of individuals and statistically compared re-offense rate as a function of enrolling in the DWI program and not enrolling in the DWI program. In addition we showed that those youth who participated in the DWI program not only managed not to re-offend in adolescence these individuals did not re-offend up to 1 year as adults (over 18; see the figure below).**

### DWI Program Success



### Section 3. State and County Collaboration

#### Total Active Warrants by Calendar Year

